

To: DCF Area Administrators
Child Placing Agency Directors
Child Welfare Agency Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
Group Home Providers
Tribal Social Service/Indian Child Welfare Directors
Private Child Placing Agencies
Residential Care Center Providers
Shelter Care Providers
Tribal Chairpersons

From: Fredi-Ellen Bove 
Administrator

Re: 1095-B Tax Form for Tax Year 2018

PURPOSE

The purpose of this memo is to give agencies notification that the Department of Health Services will be sending the 1095-B Tax Form for tax year 2018 in January 2019 to recipients of Medicaid Services, including children in out-of-home care. This is the same form that was sent in tax years 2015, 2016, and 2017. The child's out-of-home care provider may receive this form for a child currently or previously in their care. This memo also provides agencies a copy of a letter template that they may modify and send to out-of-home care providers with notification that they may be receiving this form and the actions they should take if they receive it in error.

BACKGROUND

The Affordable Care Act (ACA) requires most individuals to have health care coverage that meets a minimum standard called minimum essential coverage (MEC). The 1095-B form serves as proof of health coverage for members who were enrolled in a MEC plan during the tax year. Households that file taxes will need to use the information on the 1095-B form to answer MEC-related questions on their 1040 personal income tax return. The 1095-B form is not required to be filed with the 1040 tax return but members who file taxes should keep their 1095-B form and any tax dependents' 1095-B form for their records. If the member does not file taxes, or the member is not a tax dependent of someone filing taxes, the member can disregard the 1095-B form.

INFORMATION SUMMARY

The State of Wisconsin Department of Health Services (DHS) is required to send 1095-B forms to all individuals who were enrolled at any time during the year in a Medicaid plan that meets the criteria to be considered MEC, which includes children and youth receiving Foster Care Medicaid during any time in 2018. DHS is also required to file these forms electronically with the Internal Revenue Service (IRS).

DHS will mail out letters and forms by January 31, 2019 to each individual who was enrolled in an MEC plan during the previous tax year. Since the 1095-B form contains some personal health information, the State of Wisconsin chose to send forms to the individual rather than to the household. A minor under the age of 18 who may not be responsible for filing taxes, including a child in out-of-home care, will receive his or her own copy of the 1095-B form.

DHS will be sending the 1095-B forms to the current address on file in ForwardHealth interChange for all children who had Foster Care Medicaid for any period of time in 2018. Due to the way Foster Care Medicaid was certified through eWiSACWIS, the address on file for the child may reflect the child's correct current physical address, or could reflect an outdated address of a former out-of-home care provider. Agencies should be aware that some out-of-home care providers may receive a 1095-B form for a child who is no longer in their care. The Wisconsin Department of Health Services has published Operations Memos 16-28, "Updates to 1095-B Tax Form Administration" <https://www.dhs.wisconsin.gov/dhcaa/memos/16-28.pdf>, and 15-46, "1095-B Form Administration" <https://www.dhs.wisconsin.gov/dhcaa/memos/15-46.pdf>, which provides instructions to Income Maintenance Supervisors, Lead Workers, and Staff regarding the 1095-B form.

The out-of-home care provider who receives the form may or may not be claiming the child as a dependent for the 2018 tax year, and thus may or may not need the 1095-B form to file their taxes or for their records. If the out-of-home care provider receives a 1095-B form for a child they are not claiming as a dependent, it is requested that they provide the form to the agency or Department through which the child is placed, so the agency can keep the form on file or give it to the individual claiming the child as a dependent on their taxes.

The parent/guardian of the child may be claiming the child as a dependent and need the 1095-B form in order to file taxes and keep for their records. If the agency has been given the form by the out-of-home care provider, the agency may provide the parent/guardian with the 1095-B form that was sent to the out-of-home care provider. Agencies should be aware that the out-of-home care provider's address is on the form, and may need to redact this information before providing the form to the parent/legal guardian if there is a court order restricting this information.

The State of Wisconsin Department of Health Services has a member support phone line for individuals who need assistance in getting a 1095-B form or have questions about the 1095-B form. Individuals can call the Wisconsin 1095-B form assistance line at 1-866-667-9419. The agents responding to the 1095-B related phone calls can assist the members with getting a copy of the form and responding to 1095-B questions.

These agents will not be able to create or make changes to a 1095-B form. If anyone disagrees with the months of MEC listed on the 1095-B form in which the child or youth was covered under Foster Care Medicaid, the phone agent may refer them back to the child welfare agency to review the months of Foster Care Medicaid coverage. Child welfare workers may need to review the months of Foster Care Medicaid eligibility in eWiSACWIS and update if there is incorrect information. If changes are made, ForwardHealth interChange will recognize changes in months of MEC eligibility and send a new 1095-B form to the child or youth's most recent address in interChange.

If an out-of-home care provider or parent/guardian calls this support number to request a copy of the 1095-B form, they may not be able to directly obtain the form if the child is flagged in

ForwardHealth interChange as a child in out-of-home care. For confidentiality reasons, the 1095-B form will not be directly released to the caller unless the caller is listed on the case for the child for whom they are requesting a form. If the relationship cannot be verified through the information on file in ForwardHealth interChange, the agent will send the letter to the appropriate child welfare agency. The out-of-home care provider or parent/guardian may request that the form is sent to a county agency other than the agency through which the child was placed into out-of-home care. The Department of Health Services will send the form to the county agency with the attention line of "1095-B Tax Form" so that the county can protect any sensitive information from the individual requesting the form, if necessary. It may take 5-7 days for the agency to receive the form. The person requesting the form must then obtain the form from the child welfare agency. Agencies are encouraged to review the form for confidential information that may need to be redacted before providing the requested form to that individual. For example, if a parent/guardian is requesting the form but is prevented by a court order from having the address of the child's foster parent, the agency may redact that information from the form before providing it to the parent/guardian.

Due to this process, agencies are encouraged to communicate with the child's out-of-home care provider about the 1095-B form. If possible, it may be most efficient to have the out-of-home care provider give the 1095-B form to the county agency to provide to parents/guardians should they need it for filing taxes.

The Department of Children and Families and the Department of Health Services do not provide tax advice, and questions regarding the ability to claim a child in out-of-home care as a dependent for tax purposes should be directed to the person's tax professional. For additional information about the 1095-B form, please see:

<https://www.dhs.wisconsin.gov/forwardhealth/form1095b.htm>.

Agencies are encouraged to work with out-of-home care providers and parents/guardians to assist in ensuring appropriate individuals receive the 1095-B form for tax purposes. The attached letter template is available for agencies to modify and send to out-of-home care providers to alert them of the possible receipt of the 1095-B form.

REGIONAL OFFICE CONTACT: DCF Area Administrator

CENTRAL OFFICE CONTACT: Program and Policy Analyst
Bureau of Permanency and Out-of-Home Care
(608) 422-6751

MEMO WEB SITE: <https://dcf.wisconsin.gov/cwportal/policy>

Attachments: 1095-B Letter to Out-of-Home Care Providers Template

DHS Example 1095-B Cover Letter

DHS Example 1095-B Tribal Cover Letter

Date

Dear Caregiver,

This letter is to notify you about the 1095-B tax form and provide more information about what to do if you receive a 1095-B form. You may receive a 1095-B from the State of Wisconsin Department of Health Services for a child currently or previously placed in your care during calendar year 2018. The 1095-B form serves as proof of health coverage and will help tax filers answer the minimal essential coverage (MEC) related questions on the 1040 personal income tax return form. Since Foster Care Medicaid is considered an MEC program, children or youth enrolled in Foster Care Medicaid during the 2018 tax year will be receiving a 1095-B form.

Caregivers Claiming Children as Tax Dependents

If you are claiming the child as a tax dependent, use the information on the 1095-B form to answer the MEC-related questions on your 1040 personal income tax return. Keep the form for your tax records.

If you need a 1095-B form for a child you are claiming as tax dependent but did not receive one, the State of Wisconsin Department of Health Services has created a new member support phone line for members who need assistance in getting a 1095-B form or have questions about the 1095-B form. The agents responding to the 1095-B related phone calls can assist you with getting a copy of the form and responding to 1095-B questions. Individuals needing a form can call the Wisconsin 1095-B form assistance line at 1-866-667-9419. Please note that if you request a form, the phone agents may not be able to release the form directly to you for confidentiality reasons, and may require the form be sent to a county agency. If this happens, you will need to work with that agency to get a copy of the form.

Caregivers who are NOT Claiming Children as Tax Dependents

If you are not claiming the child as a tax dependent, you do not need this form. We are requesting that you give the 1095-B form to the agency or Department that placed the child in your care so the agency can keep the form on file and assist in providing the form to the appropriate individual, such as the parent or guardian of the child who may be claiming the child as a tax dependent.

The Department of Children and Families and the Department of Health Services do not provide tax advice. Questions regarding the ability to claim a child in out-of-home care as a tax dependent should be directed to a tax professional. For additional information about the 1095-B form, please see <https://www.dhs.wisconsin.gov/forwardhealth/form1095b.htm>. Thank you for your continued efforts to serve and support children in out-of-home care.

Sincerely,



State of Wisconsin

ID #: XXXXXXXXXX

1095-B Form Assistance
Phone: 1-866-667-9419

1095-B Cover Letter 2018

Mailing Date: MM/DD/YYYY

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0000000100-01-03
ANNA MEMBER
123 MAIN ST
ANY TOWN WI 55555 55555



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information for [MEMBER NAME]

Enclosed is an IRS 1095-B tax form for [MEMBER NAME].

If your household files a federal income tax return for 2018, you may need to answer questions on the tax return about your health insurance coverage during 2018. The information on the enclosed 1095-B tax form can help you answer these questions.

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2018. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit [irs.gov](https://www.irs.gov) or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B tax form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit dhs.wisconsin.gov/forwardhealth/form1095b.htm.

Note: Each person in your household who had minimum essential coverage through the State of Wisconsin in 2018 will get his or her own 1095-B form in the mail.

1095-B Tribal Cover Letter 2018

Mailing Date: MM/DD/YYYY

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0000000100-01-03
ANNA MEMBER
123 MAIN ST
ANY TOWN WI 55555 55555



State of Wisconsin

ID #: XXXXXXXXXX

1095-B Form Assistance
Phone: 1-866-667-9419



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information for [MEMBER NAME]

Enclosed is an IRS 1095-B tax form for [MEMBER NAME].

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2018. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

Our records show that [MEMBER NAME] is a member of an American Indian tribe, descendant of a tribal member, and/or eligible for Indian Health Services. As a result, [MEMBER NAME] may be eligible for an exemption from the requirement to have health insurance coverage. This exemption is known as the Indian health coverage exemption.

There is more information on the federal Health Insurance Marketplace website about exemptions, including the Indian health coverage exemption: healthcare.gov/health-coverage-exemptions/forms-how-to-apply. If you think you may qualify for an exemption and need help with getting an exemption, you should contact a tax professional.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit irs.gov or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit dhs.wisconsin.gov/forwardhealth/form1095b.htm.

Note: Each person in your household who had minimum essential coverage through the State of Wisconsin in 2018 will get his or her own 1095-B form in the mail.